

Case Number:	CM15-0011445		
Date Assigned:	01/30/2015	Date of Injury:	02/22/2010
Decision Date:	03/19/2015	UR Denial Date:	01/15/2015
Priority:	Standard	Application Received:	01/21/2015

HOW THE IMR FINAL DETERMINATION WAS MADE

MAXIMUS Federal Services sent the complete case file to an expert reviewer. He/she has no affiliation with the employer, employee, providers or the claims administrator. He/she has been in active clinical practice for more than five years and is currently working at least 24 hours a week in active practice. The expert reviewer was selected based on his/her clinical experience, education, background, and expertise in the same or similar specialties that evaluate and/or treat the medical condition and disputed items/Service. He/she is familiar with governing laws and regulations, including the strength of evidence hierarchy that applies to Independent Medical Review determinations.

The Expert Reviewer has the following credentials:
 State(s) of Licensure: New Jersey, Michigan, California
 Certification(s)/Specialty: Neurology, Neuromuscular Medicine

CLINICAL CASE SUMMARY

The expert reviewer developed the following clinical case summary based on a review of the case file, including all medical records:

The injured worker is a 52 year old female, who sustained an industrial injury on 02/22/2010. She has reported bilateral shoulder pain. The diagnoses have included complex regional pain syndrome, type II upper limb; enthesopathy of elbow region, and shoulder joint pain. Treatment to date has included medications and surgical interventions. Medications have included Hydrocodone/Acetaminophen, Zolpidem, and Lidoderm Patch. A progress note from the treating physician, dated 09/15/2014, documented a follow-up visit with the injured worker. The injured worker reported ongoing pain and hypersensitivity in the left shoulder and upper chest, along with similar symptoms over the right shoulder and right lateral elbow; new pain in the left deltoid muscle; and medications continue to benefit and provide functional gains. Objective findings included right shoulder tenderness of the bicipital groove, supraspinatus, and infraspinatus, with significant hypersensitivity to light touch; limited range of motion of the bilateral shoulders; tenderness to light touch of the lateral right elbow; and tender left deltoid. The treatment plan has included continuation and request for medications; and follow-up evaluation as scheduled. On 01/15/2015 Utilization Review noncertified a prescription for Retrospective Lidoderm 5 percent (700 mg/patch) apply 1 patch daily transdermal; a prescription for Retrospective Hydrocodone 5 mg Acetaminophen 325 mg 1 tablet QD Oral #90; and a prescription for retrospective Zolpidem 10 mg 1 tablet QD Oral at bedtime #30. The CA MTUS and ODG were cited. On 01/21/2015, the injured worker submitted an application for IMR for review of a prescription for Retrospective Lidoderm 5 percent (700 mg/patch) apply 1 patch daily transdermal; a prescription for Retrospective Hydrocodone 5 mg Acetaminophen 325 mg 1

tablet QD Oral #90; and a prescription for retrospective Zolpidem 10 mg 1 tablet QD Oral at bedtime #30.

IMR ISSUES, DECISIONS AND RATIONALES

The Final Determination was based on decisions for the disputed items/services set forth below:

Retrospective request for Lidoderm 5 percent (700mg/patch) apply 1 patch daily transdermal # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Topical Analgesics Page(s): 111-112.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines < Lidoderm (lidocaine patch) Page(s): 56.

Decision rationale: According to MTUS guidelines, "Lidoderm is the brand name for a lidocaine patch produced by Endo Pharmaceuticals. Topical lidocaine may be recommended for localized peripheral pain after there has been evidence of a trial of first-line therapy (tri-cyclic or SNRI anti-depressants or an AED such as gabapentin." In this case, there is no documentation that the patient developed neuropathic pain that did not respond to first line therapy and the need for Lidoderm patch is unclear. There is no documentation of efficacy of previous use of Lidoderm patch. Therefore, the retrospective request for Lidoderm 5 percent (700mg/patch) apply 1 patch daily transdermal # 30 is not medically necessary.

Retrospective request for Hydrocodone 5 mg Acetaminophen 325 ng 1 tablet QD oral # 90: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Opioids Page(s): 76-80, 91, 124.

MAXIMUS guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Criteria for use of opioids Page(s): 76-79.

Decision rationale: According to MTUS guidelines, Norco (Hydrocodone/Acetaminophen) is a synthetic opioid indicated for the pain management but not recommended as a first line oral analgesic. In addition and according to MTUS guidelines, ongoing use of opioids should follow specific rules: "(a) Prescriptions from a single practitioner taken as directed, and all prescriptions from a single pharmacy.(b) The lowest possible dose should be prescribed to improve pain and function.(c) Office: Ongoing review and documentation of pain relief, functional status, appropriate medication use, and side effects. Four domains have been proposed as most relevant for ongoing monitoring of chronic pain patients on opioids: pain relief, side effects, physical and psychosocial functioning, and the occurrence of any potentially aberrant (or non adherent) drug-related behaviors. These domains have been summarized as the "4 A's" (analgesia, activities of daily living, adverse side effects, and aberrant drug taking behaviors). The monitoring of these outcomes over time should affect therapeutic decisions and provide a framework." According to the patient file, there is no objective documentation of pain and functional improvement to

justify continuous use of Norco. Norco was used for longtime without documentation of functional improvement or evidence of return to work or improvement of activity of daily living. Therefore, the retrospective request for Hydrocodone 5 mg Acetaminophen 325 mg 1 tablet QD oral # 90 is not medically necessary.

Retrospective request for Zolpidem 10 mg 1 tablet QD oral at bedtime # 30: Upheld

Claims Administrator guideline: Decision based on MTUS Chronic Pain Treatment Guidelines Official Disability Guidelines (ODG) Insomnia Treatment.

MAXIMUS guideline: The Expert Reviewer did not base their decision on the MTUS. Decision based on Non-MTUS Citation Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists
(<http://worklossdatainstitute.verioiponly.com/odgtwc/pain.htm>)

Decision rationale: According to ODG guidelines, “Non-Benzodiazepine sedative-hypnotics (Benzodiazepine-receptor agonists): First-line medications for insomnia. This class of medications includes zolpidem (Ambien and Ambien CR), zaleplon (Sonata), and eszopicolone (Lunesta). Benzodiazepine-receptor agonists work by selectively binding to type-1 benzodiazepine receptors in the CNS. All of the benzodiazepine-receptor agonists are schedule IV controlled substances, which means they have potential for abuse and dependency.” Ambien is not recommended for long-term use to treat sleep problems. Furthermore, there is no documentation of the use of non pharmacologic treatment for the patient's sleep issue. There is no documentation and characterization of any recent sleep issues with the patient. Therefore, the retrospective request for Zolpidem 10 mg 1 tablet QD oral at bedtime # 30 is not medically necessary.